



Information Bulletin for Primary Care Network Providers



October 2004

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Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pdfs/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:
<http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page.

This bulletin is available in editions for people with disabilities.

**Call Medicaid Information:
538-6155 or toll free 1-800-662-9651**

PCN web site: <http://health.utah.gov/pcn>
PCN Information
- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico,
Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Medicaid web site: <http://health.utah.gov/medicaid>
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Send a Publication Request Form.
- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

04 - 73 Certified Nurse Midwives

Certified Nurse Midwife services are not covered in the Primary Care Network program. Well-woman care and contraceptive management are only covered when provided by a participating primary care provider. Clarification has been made to page 19 of 21 in the PCN Provider Manual.

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04 - 74 Updates to Criterion - Limitations

Benign skin lesion criteria provides a range of codes 17000-17110. Only code 17110 DESTRUCT,FLAT WARTS,MOLLUS,MILIA,UP TO 14 LESIONS is covered in the PCN program. Codes 17000-17108 are non-covered. Correction has been made to page 30 of 30 in the PCN Provider Manual to reflect this coverage issue. For a list of covered codes in PCN, always refer to the PCN CPT list of covered codes.

■

04 - 75 Non-Covered Code

Code 11626 EXCISION,MAL LES,MARGINS,SCLP,NK,FT,GENIT,DIA >4CM was closed October 1, 2003. Article 03-113 in the October 2003 MIB overlooked this code as included in the list of non-covered CPT codes in PCN.

■

04 - 76 Covered Laboratory Codes

The following codes were added January 1, 2004 and are covered in PCN.

89225 STARCH GRANULES,FECES

89240 UNLISTED MISCELLANEOUS PATHOLOGY TEST.....attach documentation to claim.

■

04 - 77 Special Ophthalmological Services

The following codes were opened in PCN January 1, 2004. They have been added to the list of covered CPT codes.

92020 GONIOSCOPY (SEPARATE PROCEDURE)

92083 VISUAL FIELD EXAM, UNI/BILAT, MED DIAG EVAL; EXTENDED

92135 SCAN COMPUTER OPHTHALMIC DIAG IMAG W INTER/REPORT, UNILAT

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